

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Behavioral Health and Department of Health Care Finance**



**Behavioral Health Integration Stakeholder Advisory Group**  
**Meeting Minutes**  
April 29, 2021

1. Welcome and Updates

Amelia Whitman, DHCF

- New Workstream 3 Lead and Stakeholder Advisory Group Liaison: Angele Moss-Baker
- Executive Committee:
  - Juanita Price (Provider)
  - Mark LeVota (Provider Organization)
  - Dr. Yavar Moghimi (MCO)
  - Shawnique Poole (Consumer)
  - TBD (Consumer Organization)
- Regular Meetings
  - 4<sup>th</sup> Wednesday of each month, 4-5 pm

2. Work Groups

Amelia Whitman, DHCF

- Membership based on survey preferences, distribution of member type, and distribution across work groups
  - If you did not fill out the survey (by Monday morning), you were randomly assigned to a work group
  - If you did not fill out the survey and you are interested in joining an additional work group, email Amelia
  - Non-members can participate in work groups – email Amelia if you know people who are interested
- Expectations:
  - Approximately 4 hours/month of meetings
  - Potential work outside of meetings, as needed
  - DHCF/DBH staff liaison to be designated to provide staff support (forthcoming)
  - Each work group will receive a baseline presentation from the corresponding internal Work Stream lead.
- Work Group Descriptions
  - Work Group 1 – Services for Carve-In
    - Work Group 1 will focus on the services that will move under the managed care contracts beginning in FY22 and beyond. This includes existing Medicaid services that will shift from fee-for-service payment to the managed care contracts, services that are

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Behavioral Health and Department of Health Care Finance**



currently paid through local funds that we may want to make Medicaid eligible and add to the managed care contracts, and any services that are new to the District that we may want to add. In addition, this group should consider the impact of these shifts to individuals who do not receive care through the managed care program (e.g., Alliance, fee-for-service beneficiaries, other residents receiving care through DBH). Of note for consumers, this group will consider changes to services, and in some cases, how they are delivered. Key topics from the charter's draft list of topics include:

- Case Management and Care Coordination
  - Services to Carve-In
- Work Group 2 – MCO Contractual Considerations
- Work Group 2 will focus on decisions related to the MCO contracts, including potential policies to reduce disruptions in care, protect provider stability, and provide consistency across MCOs. In addition, this work group will consider what needs to be in place related to MCO preparedness and transition planning. Of note for consumers, this group will discuss decisions that may impact provider availability and how services are delivered (such as prior authorization requirements). Key topics from the charter's draft list of topics include:
    - Consistency in MCO Standards & Procedures
    - Permanent MCO Contract Policies
    - Short-term MCO Contract Policies (“Bridge Policies”)
    - MCO Preparedness and Transition
- Work Group 3 - Beneficiary and Provider Education and Training
- Work Group 3 will focus on how agencies can ensure that beneficiaries and providers are prepared for the transition, including opportunities for beneficiary and consumer outreach, engagement, and education, and provider training and technical assistance. Of note for consumers, this group will inform plans about how consumers are told about the change and how we are making sure providers are prepared so that there are no gaps in care. Key topics from the charter's draft list of topics include:
    - Provider Training and Technical Assistance Plan
    - Beneficiary Education and Communications Plan

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Behavioral Health and Department of Health Care Finance**



- Work Group 4 - Performance Measures and Population Monitoring
  - Work Group 4 will focus on quality and performance management and improvement, including performance and quality measures for providers and MCOs, other measures needed to monitor populations, and any other needs related to performance and quality. Of note for consumers, this group will discuss how we can ensure that the care being provided is high-quality and meets the needs of consumers. Key topics from the charter's draft list of topics include:
    - Provider Performance Measures
    - MCO Performance Measures

3. Group Charter

Amelia Whitman, DHCF

- Process
  - Review Changes Today
  - Updated Charter will be sent via email by End of Day
  - Members should vote to approve/disapprove by Monday, May 3 (voting link to be sent in email)
- Changes
  - Structure/Membership updated to reflect executive committee, work groups, and final membership structure.
  - Stakeholder communication and preparation added to core tasks
  - Timeline for group and process for extension included
  - Schedule dates updated

4. Rate Study Discussion

Bidemi Isiaq, DHCF

- Bidemi Isiaq provided an overview of the planned rate study.



## DHCF Rate Setting Standards

---

Rate setting is guided by the mission statement and federal law & regulation.

DHCF Mission Statement

*To improve health outcomes by providing access to comprehensive, cost-effective and quality health care services for residents of the District of Columbia.*

Federal Law and Regulation

- 1902(a)(30)(A) of the Social Security Act “Payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available ...
- Requires reimbursement rates and methodologies that comply with Medicaid principles of reasonableness, economy, and efficiency and/or accounting industry standards.

The rate study is a step towards achieving these standards

14

## The Behavioral Services Rate Study

---

In contrast with prior rate studies that were narrow in scope and approach (historical costs, and status-quo program requirements), this study takes a holistic approach from an As is - To be.

This rate study involves :

- An assessment of the current program, definitions, resources requirements, staffing patterns and utilization trends
- Evaluation of industry
- Clearly define the service requirements and professionals
- Evaluation of payment models, “methodologies” and options (Not only rates)
- Sustainable overtime by having the flexibility to accommodate changes in payment policy e.g. living wage, inflation index
- Considerations for policy adjusters
- Readiness towards managed care carve-in
- Background towards a Value Based Payment framework
- Quality of Care mechanism

15



## Behavioral Services Rate Study: Goals

---

### Goals:

- To conduct a comprehensive behavioral health rate study and develop recommendations for reimbursement methodologies and rates to meet the District's strategic goals for improving access to care and care coordination and to support the integration of behavioral health services into the Medicaid managed care program.

16

## Behavioral Services Rate Study: Objectives

---

### Objectives:

- To conduct an assessment of the comprehensive array of behavioral health services in the District including Mental Health Rehabilitation Services (MHRS), Adult Substance Abuse Rehabilitative Services (ASARS), Free Standing Mental Health Clinics (FSMHC), the Adolescent Substance Abuse Treatment Expansion Program (ASTEP), Medication Assisted Treatment (MAT), Federally Qualified Health Center (FQHC) behavioral health services, Institutions for Mental Disease (IMD), and any services provided through the Medicaid managed care program and independently licensed behavioral health practitioners.
- To conduct a survey of District behavioral Health providers to gather information regarding provider costs, reimbursements/payments, and any other input.
- To use information gathered through the program assessment and survey to revise reimbursement methodologies and rates, as necessary.

17



## **Behavioral Services Rate Study: Timeline**

---

### **Timeline**

- Phase 1: Service Rate and methodology changes to be updated and implemented during Fiscal Year 2023 (October 1, 2022 to September 30, 2023).
- Phase 2: Service rate methodology changes to be updated and implemented in Fiscal year 2024 and beyond.
- Provider input is needed to prioritize services to be included in Phase 1 and Phase 2.

18

5. Public Comment

Members of the Public